



Operational instructional series:

Direct Data Entry of a Institutional Claim

Presented by the Provider Relations Team
Office of the Chief Medical Officer
Washington Medicaid
10-14-2011







How to submit a Direct Data Entry Institutional claim in ProviderOne

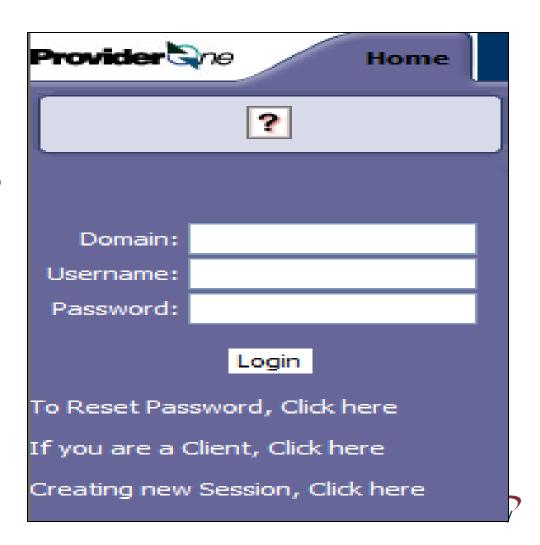
- The object of this presentation is to take a provider step by step through the process of submitting an institutional claim directly into ProviderOne.
- **■This presentation will only utilize fields that would be required to process the claim in ProviderOne.**
- **■This presentation also demonstrates how to add backup documentation to the claim if it is required.**





Accessing ProviderOne

- Use web address
 https://www.waproviderone.org
- ■Ensure that your system "Pop Up Blocker" is turned "**OFF**"
- Login using assigned Domain, Username, and Password
- Click on the "Login" button







Determine what profile to use



For claims submission choose one of the following profiles

- EXT Provider Super User
- EXT Provider Claims Submitter
- ➤ EXT Provider Eligibility Checker Claims Submitter Washington State

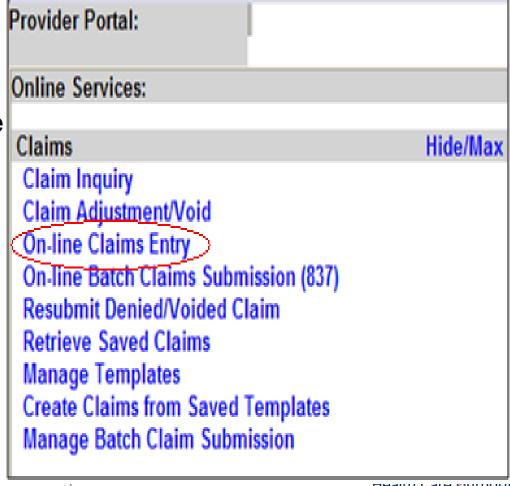






Provider Portal

From the Provider Portal select the "Online Claims Entry" option located under the "Claims" Heading







Provider Portal

- Choose the type of claim that you would like to submit.
 - Professional is the HCFA 1500
 - ➤ Institutional is the UB04
 - > Dental is the 2006 ADA form

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental







Provider Information

Enter the billing providers NPI and taxonomy code

PROVIDER INFO	RMATION
Go to Other Claim BILLING PROV	Info to enter information for providers other than the Billing Providers. IDER
* Provider NPI:	* Taxonomy Code:

➤ Note: Use only taxonomy codes that are in your Provider registration with the Agency.





Subscriber/Client Information

- Enter the Subscriber/Client ID number found on the WA Medicaid medical card. This ID is a 9 digit number followed by a "WA"
 - Example: 123456789WA



■ Click on the red "+" to expand the "Additional Subscriber/Client Information" that is required.







Subscriber/Client Information Continued

- Once the field is expanded enter the "Patient's Last Name, Date of Birth, and Gender.
 - ➤ Date of birth must be in the following format: mm/dd/ccyy
 - Additional shown information is not needed.



➤ Note: Client first name is optional. If entered this will be returned on the providers weekly remittance and status report (RA)





Claim Information/Data

The next section is for "Claim Information". The next few slides will go over each of these boxes.

Note: Not all information shown here will be required to be completed. This will depend on your type of institutional claim.

CLAIM INFORMATION Go to Other Claim Info to enter add	ditional claim information not displayed on this page.	
CLAIM DATA	ntional dain information not displayed on this page.	
CLAIN DATA		
Patient Account No.:		
Medical Record Number:		
* Type Of Facility:	V	
* Bill Classification:		٧
* Statement Dates: From:	mm dd ccyy To:	
Admission Date/Hour:	mm dd ccyy hh mm	
Priority(Type) Admission/Visit:	v	
Point Of Origin Admission/Visit:	V	
Discharge Hour:	hh mm	
* Discharge Status:	▼	
* Total Claim Charge:	\$	
Patient Est. Amount Due:	\$	
DRG Code:		

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Patient Account Number

The "Patient Account No" field allows the provider to enter their internal patient account numbers that have been assigned by their practice management system.

Patient Account No.:	
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Note: Using the providers internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be posted on the RA.







Medical Record Number

The "Medical Record Number" field allows the provider to enter their internal medical record numbers that have been assigned by their practice management system.

➤ Note: The medical record number is an optional step. If one is not entered continue on to the next question.







Type of Facility

Enter the "Type of Facility" using the drop down option.



➤ Note: The "Type of Facility" is a required field on every institutional claim submitted.

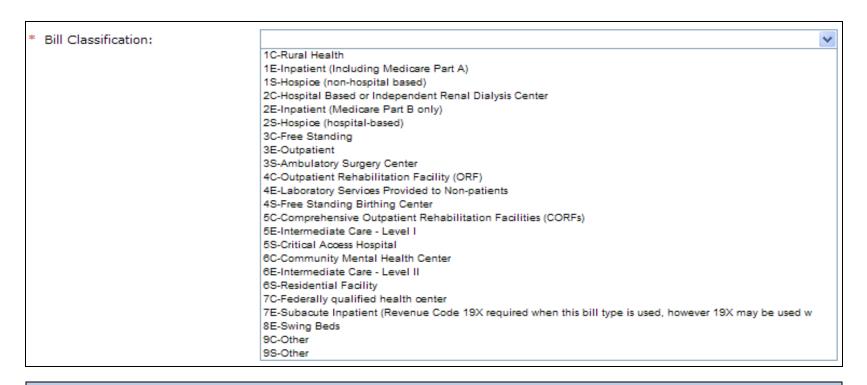






Bill Classification

Enter the "Bill Classification" using the drop down option.



➤ Note: The "Bill Classification" is a required field on every institutional claim submitted.

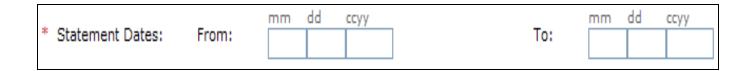






Statement Dates

Enter both the "From" and "To" dates of service.



➤ Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011

➤ Note: The "Statement Dates" is a required field on every institutional claim submitted.







Admission Date/Hour

Enter the "Admission Date" and "Admission Hour/Minute".

Admission Date/Hour:	mm	dd	ссуу	hh	mm
				-	1

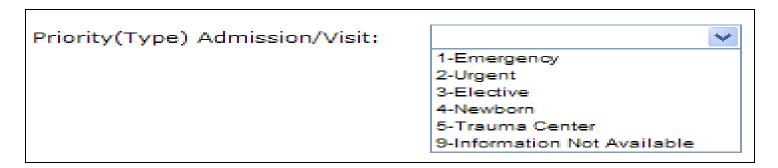
- Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011
- Note: Please notice that the hours and minutes must appear in 24 hour time. The format must be in the 2 digit hour and 2 digit minute. Example 3:30 pm in standard time would be 15:30 in 24 hour time.
- ➤ Note: The "Admit Date and Hour" is a situational field. It is only needed on inpatient claims.





Priority (Type) Admission/Visit

■ Enter the correct "Priority (Type) Admission/Visit" from the drop down menu.



➤ Note: The "Priority (Type) Admission/Visit" is a situational. It is only needed on inpatient claims.







Point of Origin Admission/Visit

■ Enter the correct "Point of Origin Admission/Visit" from the drop down menu.



➤ Note: The "Point of Origin Admission/Visit" is a situational field. It is only needed on inpatient claims.

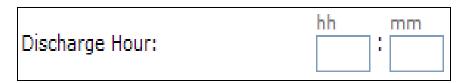






Discharge Hour

Enter the correct "Discharge Hour and Minute"



- Note: Please notice that the hours and minutes must appear in 24 hour time. The format must be in the 2 digit hour and 2 digit minute. Example 3:30 pm in standard time would be 15:30 in 24 hour time.
- ➤ Note: The "Discharge Hour" is a situational field. It is only needed on inpatient claims.

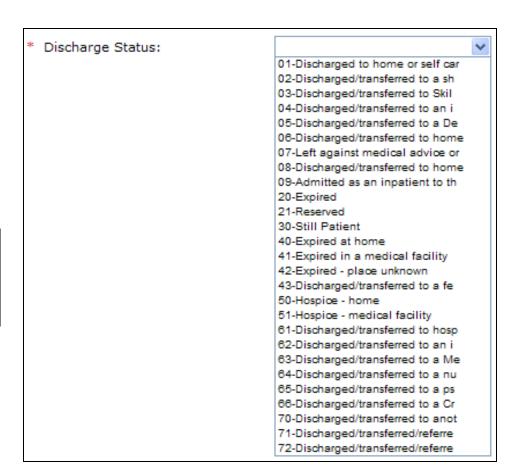




Discharge Status

Enter the correct "Discharge Status" using the drop down menu

➤ Note: The "Discharge Status" is a required field on every institutional claim submitted.







Total Claim Charge

Enter the correct "Total Claim Charge" for the claim.

* Total Claim Charge: \$

➤ Note: The "Total Claim Charge" is a required field on every institutional claim submitted.

➤ Note: The "Total Claim Charge" must match the total of all the service lines on claim.





Patient Est. Amount Due

■ Enter the "Patient Est. Amount Due" for the claim.

Patient Est. Amount Due: \$

➤ Note: The "Patient Est. Amount Due" is situational field on the institutional claim. Do not enter the spenddown amount here as it is entered as value code data. See the Value Code slide below.





DRG Code

Enter the "DRG Code" for the claim.

DRG Code:	
DRG Code.	

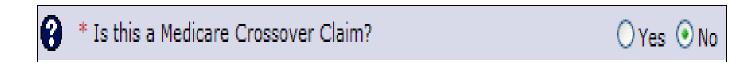
➤ Note: The "DRG Code" is not required to be entered. ProviderOne will determine the correct "DRG Code" to put on the claim by the data that is billed such as diagnosis and procedure codes.





Medicare Crossover Claim

If Medicare did not make a payment answer the question "NO"



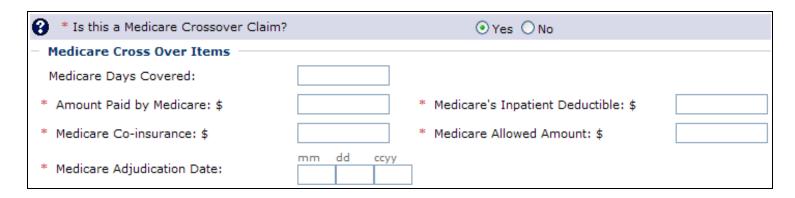
Note: WA Medicaid considers a claim as a crossover when Medicare allows the service. If Medicare makes a payment, a copay/coinsurance should be indicated. If Medicare applies the charges to a deductible, there may not be any payment.





Medicare Crossover Claim

If the claim is considered a Medicare Crossover answer the question "YES", this includes Managed Medicare Advantage Plans (Medicare Part C). Answering "YES" will open additional required questions to be filled out. This information will come from the Medicare EOMB



Note: WA Medicaid considers a claim as a crossover when Medicare allows the service. If Medicare makes a payment, a copay/coinsurance should be indicated. If Medicare applies the charges to a deductible, there may not be any payment.





Additional Claim Data; EPSDT Information

Note: The "Additional Claim Data" and "EPSDT Information" red (+) expander is **NOT** needed for institutional claims at this time. You can skip over this and continue on to the next question.



EPSDT INFORMATION



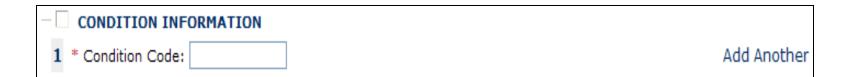




Condition Information

If the claim requires a "Condition Code" use the red (+) expander to enter this information. If no "Condition Code" is needed proceed to next question

★ CONDITION INFORMATION



➤ Note: ProviderOne will allow for more than one "Condition Code" to be added. Click on the "Add Another" option and ProviderOne will display additional boxes for entry of this information.



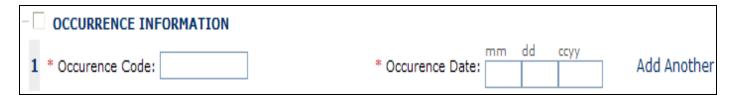




Occurrence Information

If the claim requires an "Occurrence Code" use the red (+) expander to enter this information. If no "Occurrence Code" is needed proceed to next question

OCCURRENCE INFORMATION



- ➤ Note: ProviderOne will allow for more than one "Occurrence Code" to be added. Click on the "Add Another" option and ProviderOne will display additional boxes for entry of this information.
- Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011





Occurrence Span Information

If the claim requires an "Occurrence Code Span" use the red (+) expander to enter this information. If there is no "Occurrence Code Span" needed proceed to next question





- ➤ Note: ProviderOne will allow for more than one "Occurrence Code Span" to be added. Click on the "Add Another" option and ProviderOne will display additional boxes for entry of this information.
- Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011







Value Information

If the claim requires a "Value Code and Value Amount" use the red (+) expander to enter this information. If there is no "Value Code and Value Amount" needed proceed to next question.

VALUE INFORMATION

- VALUE INFO	RMATION		
1 * Value Code:		* Value Amount: \$	Add Another

- Note: ProviderOne will allow more than one "Value Code and Value Amount" to be added. Click on the "Add Another" option and ProviderOne will display additional boxes for entry of this information.
- ➤ Note: This is where a clients Spenddown will be reported. Currently the spenddown value code is 66, then enter the patient participation amount. For patients that have an EMER participation amount enter that as a value code (D3) and the participation amount.





Other Insurance Information

- If the client ONLY has WA Medicaid coverage continue to next question.
- If the client DOES have insurance other than WA Medicaid, this information will need to be entered by utilizing the red (+) expanders.
- **TOTHER INSURANCE INFORMATION**
- OTHER INSURANCE INFORMATION
 1 OTHER PAYER INSURANCE INFORMATION
 Add Another
- ➤ Note: Information on how to fill out the required insurance information is located on the Provider Relations website. A webinar and presentation PowerPoint has been created to assist providers in billing the primary insurance secondary claims. This information is located at webpage: http://hrsa.dshs.wa.gov/provider/training.shtml





Prior Authorization

If a "Prior Authorization" number needs to be added to the claim, click on the red (+) to expand the "Prior Authorization" fields.

PRIOR AUTHORIZATION

р	RIOR AUTHORIZATION	
1. *	Prior Authorization Number:	
2.	Prior Authorization Number:	

➤ Note: We recommend that providers enter any authorization number in these boxes. Entering the number here will cover the entire claim





Diagnosis Information

All institutional claims require a "Principal Diagnosis Code" and "Admitting Diagnosis Code". Use the red (+) expander to enter the "Diagnosis Information"

DIAGNOSIS INFORMATION



- ➤ Note: Per numbered memo 11-30 Present on Admission (POA) codes will be required to adjudicate all inpatient claims. Use the drop down option to choose the correct POA.
- > Note: E-Codes are not required but are situational.





Diagnosis Information - continued

If more than one "Diagnosis Code" needs to be attached to claim use the red (+) expander titled "Other Diagnosis Information" to add in these additional codes. Use the "Add Another" option to continue adding more codes



Note: Use the "Add Another" option to continue adding more diagnosis codes.





Procedure Information

■ Enter the applicable "Procedure Codes" to billed on the claim here for "Inpatient" claims. Use the red (+) expander to enter the "Procedure Information"

₱ PROCEDURE INFORMATION

- □ PROCEDURE INFORMATION				
* Principal Procedure Code:	Procedure Date:	mm	dd	ссуу
Other Procedure Information				

- ➤ Note: Outpatient procedure codes will be entered at line level of the claim
- Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011





Procedure Information - continued

■ Use the "Other Procedure Information" red (+) expander to enter the additional procedure codes applicable.

PROCEDURE INFORMATION					
* Principal Procedure Code:	Procedure Date:	mm dd	ссуу		
Other Procedure Information					
 Other Procedure Information 					
1 * Other Procedure Code:	Pro	cedure Date:	mm dd	ссуу	Add Another

➤ Note: To add even more procedure codes click on the "Add Another" option until all procedure codes have been added.

Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011





Attending Physician Information

All institutional claims require an "Attending Provider". Click on the red (+) expander to enter the NPI and taxonomy code for the "Attending Provider"

ATTENDING PHYSICIAN INFORMATION

ATTENDING PHYSICIAN INFORMATION					
* Provider NPI:		Taxonomy Code:			







Other Physician Information

The "Other Physician Information" is a optional step. If there is the need to add additional providers onto claim click on the red (+) expander to enter the NPI for the "Other Provider"

+	OTHER	PHYSICIAN	INFORMATION

OTHER PHY	SICIAN INFO	RMATION
Provider NPI:		







Claim Note

If a note needs to be added onto the claim to assist in the adjudication please add it here.



- To add the "Claim Note", click on the red "+" to expand the "Billing Note" section.
 - ➤ Enter the "Type Code" and "NOTE". ProviderOne allows up to 80 characters.



*** Remember only add comments that will assist in the processing of the claim!







The next few slides will deal with what is needed for the service lines added to the institutional claim

SERVICE LINE ITEM INF	ORMATIC	N							
Click on the Other Svc In	fo link ass	ociated wit	:h each adde	ed Service Lin	e Item to enter line iter	m information o	ther than t	hat displaye	ed on this page
-Service Line Items									
* Revenue Code:									
Procedure Code:					Modifiers:	1:	2:	3:	4:
Service Date/First Date of Service:	mm dd	ссуу							
Last Date of Service:	mm dd	ссуу							
* Service Units:									
* Total Line Charges: \$					Non-covered Line Charges: \$				
Line Item Control Number:									
★ Medicare Crossov	ver Items								
National Drug Code:									
Drug Identificatio									
Additional Service	e Line Inf	ormation							





■ Enter the appropriate "Revenue Code". This should be a four (4) digit number

Enter the "Procedure Code". This will be used for "Outpatient" claims only.

Procedure Code:	
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Enter any appropriate "Modifiers" for outpatient procedure being billed here.

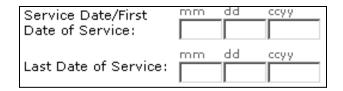
Modifiers: 1:	2:	3: 🗌	4:	
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■ Enter the appropriate "From Service Date" and "Last Date of Service".



Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011





	Enter	the	total	"Service	Units"	for	procedure.
--	-------	-----	-------	----------	--------	-----	------------

* Service Units:	
------------------	--

Enter the "Total Line Charges" for procedure.

* Total Line Charges: \$	

Enter any "Non-Covered Charges" for procedure.

Non-covered Line	
Charges: \$	

The "Line Item Control Number" is not needed for submission of an institutional claim.

Line Item Control	
Number:	







⊞ Medicare Crossover Items

➤ Note: The "Medicare Crossover Items" does not need to be filled out on line level.





Enter the "National Drug Code" for any injectible procedure.

National Drug Code:

"Drug Identification" is not needed for the submission of the insitutional claim.

H Drug Identification





** "Additional Service Line Information" is not needed for the submission of the insitutional claim.

H Additional Service Line Information

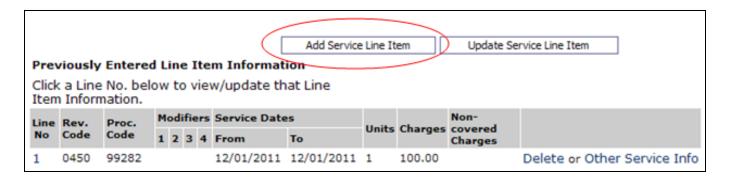






Add Service Line Items

Click on the "Add Service Line Item" button to list the procedure line on the claim.



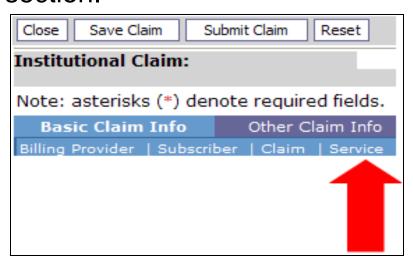
- ➤ Note: Please ensure you have entered any necessary claim information before clicking the "Add Service Line Item" button to add the service line to the claim.
- ➤ Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.





Add Additional Service Line Items

If additional service lines need to be added, click on the "Service" hyperlink to get quickly back to the "Basic Service Line Items" section.



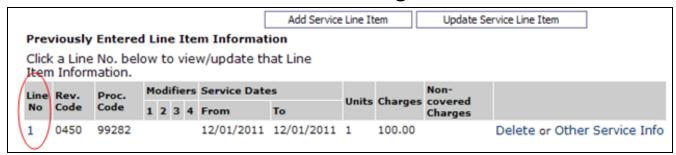
Then follow the same procedure for entering data for each line.





Update Service Line Items

Update a previously added service line item by clicking on the line number of line that needs to be updated. This will repopulate the service line item boxes for changes to be made.



➤ Note: Once the line number is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the "Service" hyperlink to quickly return to the service line item boxes and make corrections.

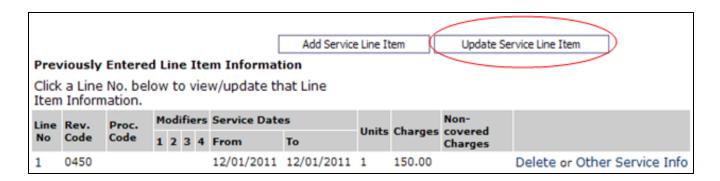






Update Service Line Items

■ Once the service line is corrected, click on the "Update Service Line Item" button to add corrected information on the claim.



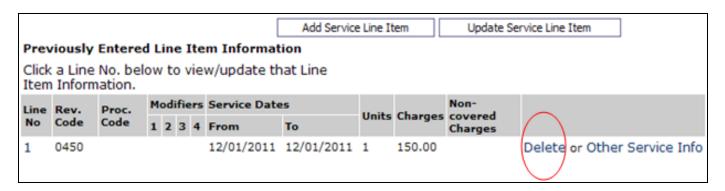
Note: Once "Update Service Line Item" is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the "Service" hyperlink to quickly return to the service line item section to view and verify that changes were completed.





Delete Service Line Items

A service line can easily be "Deleted" from the claim before submission by clicking on the "Delete" option at the end of the added service line.



Note: Once the service line item is deleted it will be permanently removed from the claim. If the service line was accidently deleted the provider will need to re-enter the information following previous instructions.

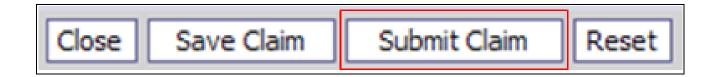






Submit Claim for Processing

₩ When ready to submit the claim for processing, click the "Submit Claim" button at the top of the claim form.







Submit Claim for Processing

Click on the "Submit Claim" button to submit your claim. ProviderOne should display this prompt:



- Click on the "**OK**" button if you have backup to submit
- Click on the "Cancel" button if no backup is to be submitted.





Submit Claim for Processing – No Backup

- ProviderOne now displays the "Submitted Institutional Claim Detail" screen
- Click on the "OK" button to finish submitting the claim



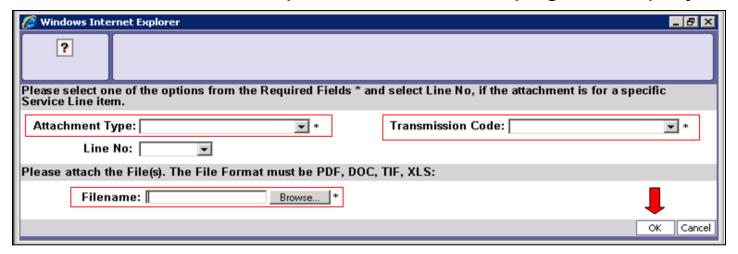






Submit Claim for Processing – With Backup (Electronic File Attached)

■ The "Claims Backup Documentation" page is displayed



- Enter the Attachment Type
- ➤ Pick one of the following Transmission Codes:
 - •EL-Electronic Only or Electronic file,
 - •Then browse to find the file name
- Click the "OK" button

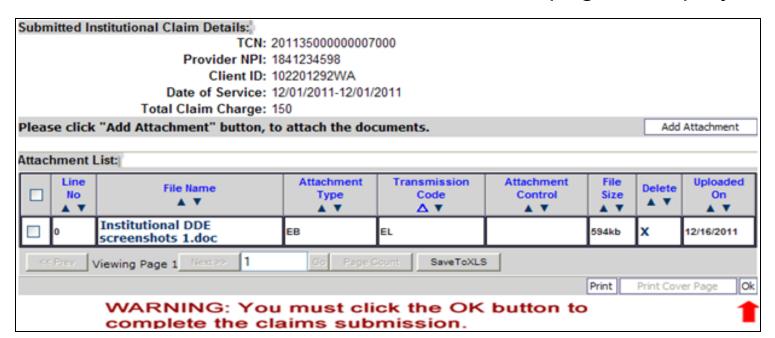






Submit Claim for Processing – With Backup (Electronic File Attached)

■ The "Submitted Dental Claim Details" page is displayed.



All you need to do now is push the "**OK**" button to submit your claim.

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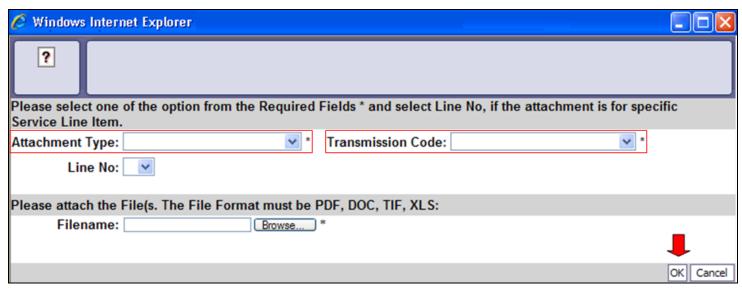
Washington State Health Care Authority





Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

■ The "Claims Backup Documentation" page is displayed



- Enter the Attachment Type
- Pick one of the following Transmission Codes:
 - •BM : By Mail
 - •FX: Fax
- Click the "OK" button

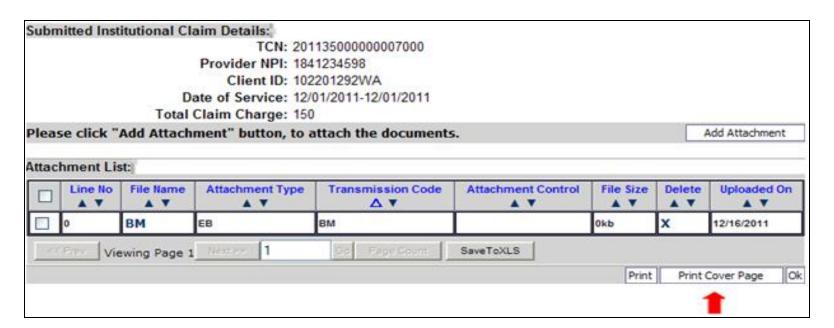






Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

If you are sending paper documents with the claim, at the "Submitted Dental Claim Details" page click on the "Print cover Page " button.









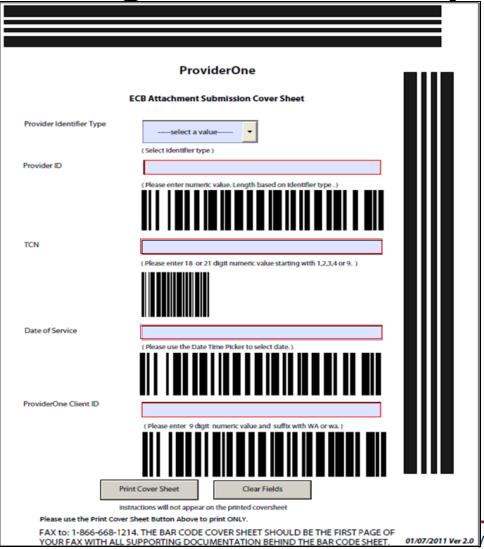
Submit Claim for Processing – With Backup

Fill in the boxes with the appropriate information. When completed click on the "Print Cover Sheet" and mail to:

OR

Electronic Claim Back-Up Documentation PO Box 45535 Olympia, WA 98504-5535

Fax 1-866-668-1214

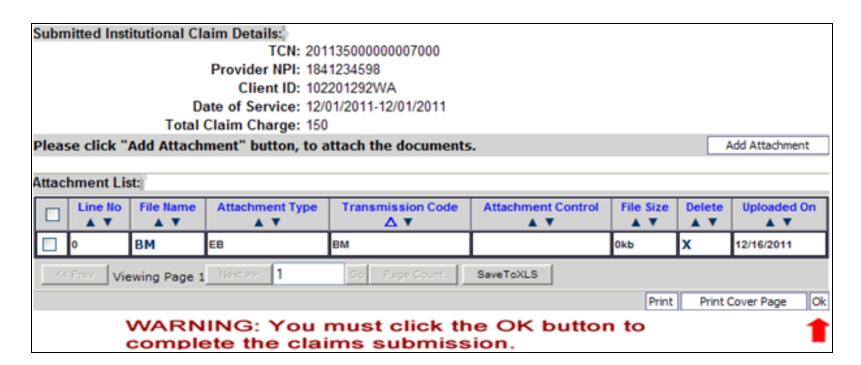






Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

■ All you need to do now is push the "OK button to submit your claim







Reference Information

General Information about Medicaid:

- Summarized in the new ProviderOne Billing and Resource Guide http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html
- See the new Provider Training web site for links to recorded Webinars, E-Learning, and Manuals http://www.dshs.wa.gov/provider/training.shtml

